OLIVE OIL IN THE TREATMENT OF GASTRIC ULCER.

DR. EMANUEL G. SENN believes that this condition in the great majority of cases is the result of increased acidity of the gastric juice upon an enfeebled area. He administers large doses of the oil to lubricate the denuded surface, decrease friction, and prevent contact with the irritating effects of the abnormal gastric juice. The oil apparently favors coagulation of blood in the stomach. A single case is reported in which success followed the administration of a tablespoonful of the oil every two hours.—*The Chicago Clinical Review*, 1894, No. 4, p. 232.

THE USE OF OLIVE OIL IN THE TREATMENT OF NEPHRITIC COLIC.

DR. AUSSILLOUX believes that one of four theories must be held in regard to its mode of action: 1, direct action upon the calculus; 2, cholagogue action; 3, purgative action; 4, reflex action. The first appears to be with difficulty tenable, because there is not any evidence that the oil reaches the stone, and further, if they are immersed in oil, they do not change their appearance or consistence. The cholagogue action is more satisfactory, for the bile, secreted in abundance, may accumulate behind the stone and thus carry it forward. Yet other cholagogues do not so act, and the relief comes too soon for this effect to be established. Its purgative action does not entirely account for its value as a remedy, for other more active purgatives do not succeed as well as this. In fine, one must resort to the explanation of Weil, that it has an analgesic effect upon the alimentary canal in that it stops the spasm of the biliary passages; later its cholagogue action favors the descent of the calculus. If, then, it can act in hepatic colic by relieving the spasm, so it should also act in nephritic colic. Two successful cases are reported. The dose formerly recommended was large, even six or eight ounces. The author regards these as unnecessarily large. Several dessertspoonfuls may be taken at intervals more or less long, the mouth being rinsed before and after the dose with an alcoholic solution of mint. Olive oil has been popularly used from time immemorial for all sorts of abdominal pains, and it is possible that scientific experiment will justify the popular empiricism.—*Bulletin gén. de Thérapeutique*, 1893, 46e liv., p. 491.

THE VALERIANATE OF AMYL.

DR. BLANC recalls the fact that from time immemorial cider has been believed to have a beneficial effect upon gravel. The amyl-valerianic ether which is made by distillation, and is found mixed with alcohol in cider-brandy, is a mixture of the valerianate and butyrate of amyl. The former possesses a marked solvent action upon cholesterin. It is a colorless, mobile liquid of ethereal odor, disagreeable when inhaled in quantity, very sweet, and identical in odor with that of the russet apple. Its general physiological action recalls that of ether: it produces a lively general excitement and a slight intoxication, with acceleration of the pulse, warmth of the skin, sweating, general agitation, and then a tendency to sleep. If absorbed by the respiratory tract, it produces anæsthesia like ether. Its principal use is in hepatic colic, where its stimulant and at the same time its anæsthetic properties, to which may be added its power to dissolve cholesterin, make it very valuable. It is less prompt than perhaps the ether in Durand's mixture, but it appears to be more lasting and more certain as a preventive. It can be agreeably used in capsules. In cases of dyspepsia, by no means uncommon in connection with hepatic disease, it may produce vomiting; in this case ether may be used at the start, or an injection of morphine may be administered. Later the valerianate of amyl may be given in two and one-half grain capsules every quarter- or half-hour until the crisis is past. The drug does not act by exciting the secretion of bile, but by terminating the painful spasm of the duct by the anæsthesia which it then produces to a greater or less degree, and by entering into the circulation prevents the concretion of cholesterin in crystals. In nephritic colics it acts only as an antispasmodic and general stimulant without affecting the calculus itself, although it benefits the accompanying cystitis. In nervous troubles, gastralgic crises, colics of reflex origin (cold), intercostal neuralgias, muscular rheumatism, have been benefited. Menstrual colics are relieved and even the flow increased; and in this respect it is superior to apiol, especially as being less excitant. The dyspnœa, even of angina pectoris, diminishes under its use. In hysteria it calms the convulsive manifestations, the hyperæsthesias and the neuralgias; it benefits the contractures. In alcoholic delirium it appears to have been used with success, acting better than morphine. It is very feebly poisonous; five or six capsules per day of the above-mentioned dose can be safely taken. To avoid gastric symptoms it is well to previously purge the patient, and if the treatment is to be of considerable duration a milk diet may be prescribed.—*Revue de Thérapeutique Médico-chirurgicale*, 1893, No. 23, p. 630.

The Treatment of Bright's Disease.

Dr. W. H. Walling presents what he terms a new departure. The diet was exclusively a meat one. Lean beef was finely chopped in a suitable machine, after having all the fibrinous and fatty portions removed. It was then broiled quickly, served hot, being salted to taste. A little butter was allowed; toasted brown bread, tea or coffee with a little milk but no sugar, constituted the balance of the diet. One hour before each meal and at bed-time, one or two cupfuls of hot water, acidulated with lemon-juice, were given. Peaches were added as they came into the market. In the reported case the appetite improved, strength began to be restored; there was no more nausea and but little flatulence. Iron in the form of an albuminate, digitalin, strophanthin, were the drugs employed. A rigid adherence to the diet appears to be essential, for it was noted that the albumin increased, and the nausea, loss of appetite, flatulence, and distressing heart symptoms, with a general decline of vitality, appeared with a discontinuance of the diet.—*Notes on New Remedies*, 1893, No. 7, p. 105.

The Treatment of Diabetic Intoxication.

Dr. Henri Huchard finds three indications to meet: 1, to prevent the formation of toxic substances; 2, to favor their elimination; 3, to neutralize them chemically, for opposing the grave accidents as in the period of coma. The diabetic intoxication is the result of incomplete combustion of glucose, resulting in acids which are toxic for the organism and a diminished alkalinity of the blood, poisonous of itself. In diabetic coma, with immediate necessity for the introduction of alkalies into the economy, but three routes are open: 1. Intravenous saline injections of sulphate, phosphate, bicarbonate or chloride of sodium in solution; these, intended to neutralize the acids and favor the elimination, have never cured diabetic coma. 2. Subcutaneous saline injections, the hypodermoclysis of Cantani, using chloride of sodium, can dilute the toxins and favor their elimination by increasing vascular tension and urinary secretion, but as yet it has not been put to use in diabetic coma. 3. Transfusion of blood has been used by Lecorché in three cases of coma, and death without regaining of consciousness, took place. Bleeding, and that extensively, should be strongly recommended in diabetic coma. In preventing the coma the anti-diabetic medication of Mialhe, the use of the alkalies, is serviceable. The bicarbonate of soda from seventy-five grains to three times that quantity per day is the best preventive of this condition. Fatigue, mental emotions, long journeys, and violent exercise, should be avoided. Loss of fluids, as profuse sweatings, diarrhœas, injections of pilocarpine, the use of opiates, must be prevented. An exclusive meat diet "may cure the diabetes but aggravate the diabetic." Even an excessive quantity of meats and fats may precipitate a coma, as Ebstein has shown. It is also necessary to prevent abnormal fermentations in the alimentary canal. To eliminate the toxic products it is well to prescribe the purgatives, as calomel, the salines, and diuretics. Particularly in diabetic intoxication is it necessary to prevent cardiac weakness by digitalis or digitalin, or if fatty degeneration is suspected, by hypodermatic injections of caffeine. The period of diabetic coma offers but slight hope for cure; in avoiding this condition and in carrying the patient to a successful result two points are essential—to foresee and to prevent.—*Revue gén. de Clinique et de Thérapeutique*, 1893, No. 46, p. 722.

DIURETIN.

DR. E. MAIN believes that this drug owes its activity to the theobromine which it contains. The insolubility of the latter has been overcome by its forming a double salt with salicylate of soda, which is soluble in one-half of its weight in water, and is readily absorbed. In spite of much contradictory evidence, it is believed that this drug owes its diuretic properties to a direct and non-irritant action upon true renal tissue. Whether or not it has any influence upon the heart is not altogether clear. Aside from its use in œdema and as a diuretic it has two especial uses. In children it should not be administered under the age of eighteen months, as it is likely to produce a digestive disturbance and gastro-intestinal irritation. If used in scarlatinal nephritis it should not be administered until after the termination of the first stage of the disease. After operations upon the urinary tract it has been found that it prevents the onset of urinary fever, and as well shortens the time of convalescence after the operation. It does not apparently directly influence the respiration nor excite the nervous system so much as caffeine. With the exception above noted it does not produce digestive disturbances.

Beyond diuresis it is not likely to produce urinary symptoms, nor does it have a cumulative effect—nor, indeed, can a tolerance be established. The daily dose is from sixty to ninety grains, divided into fifteen-grain doses every two or three hours. Even one hundred and fifty grains have been given without danger. With children the solution can be sweetened and a small quantity of alcohol added for its preservation.—*Bulletin gén. de Thérapeutique*, 1893, 38e liv., p. 299.

OPIUM AS A PREVENTIVE OF AGUE.

SURGEON-GENERAL SIR WILLIAM MOORE has known opium consumers alone remain free from fever when most others suffered during extraordinary malarious seasons. As servants in India he preferred opium users, as they are less liable to sickness from exposure on the march or when taken into the colder climates of the hills. One of the constituents of opium, narcotine, has been proved to be an antiperiodic. Opium (especially when smoked) in small quantities excites the circulation and produces a glow throughout the whole system. In large quantities it soothes the system and blunts nervous sensibility. Both of these actions are antagonistic to chill, which is the first stage of malarious fevers, especially of ague. After working and perspiring all day under a tropical sun the Indian is very likely to become chilled. As a consequence of his taking opium after, or sometimes before, his evening meal, instead of feeling cold and shivering, he remains warm and glowing, and so escapes chill, which, if not the real and only cause of malarious fever, is certainly the cause of many repetitions of attack.—*British Medical Journal*, 1893, No. 1718, p. 1196.

MEDICINE.

UNDER THE CHARGE OF

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ISOLATED PERIPHERAL PALSY OF THE SUPRA-SCAPULAR NERVE.

BERNHARDT (*Berliner klin. Wochenschrift*, 1894, No. 2, p. 32) has reported the case of a sailor, twenty-eight years old, who had for four years suffered with pain at the right shoulder, aggravated by movement. Except for this and some difficulty in moving the right arm the well-nourished and well-developed man was in perfect health. On inspection it was found that the right scapula occupied a slightly lower position than the left, and that its